



Personalized. Education. Innovation.™

Type of reimbursement (only one type per form, please):

- Curriculum / Build Your Own Course (paid in September)
- Software (paid in September)
- Technology Allowance (paid in November)

Describe items purchased:

Total \$ Amount Requested for Reimbursement: _____

Student Name: _____

Parent Name: _____ Parent Signature: _____

Parent Phone: _____

Mailing Address: _____

By submitting this form, I acknowledge that my student is not enrolled in any other Utah school and agrees to stay enrolled as a full-time, home-based, distance education student of My Tech High's Charter Partner School throughout the entire school year. Unless I move out of state, I understand that if I withdraw at any time prior to the last day of instruction in May 2012 or fail to complete my approved educational plan, I am obligated to return or repay all costs associated with any curriculum, software and technology reimbursements.

This form must accompany all related receipts. Please submit by:

- scan and email to admin@mytechhigh.com
- fax to 636-794-9409

Questions about your reimbursement? Call Amy at 801-319-4261.

– For My Tech High Use Only –

Check Number: _____

Check Amount: _____

Date Sent: _____